

DOORER

MULTIPLE DEPENDENT CLAIM SHEET  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANTS: 107069385

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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49						
50						
TOTAL IND.	4		1			
TOTAL DEP.	9		7			
TOTAL CLAIMS	13		8			

NO.	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADJUSTMENTS